## Michigan Department of Agriculture and Rural Development



P.O BOX 30776 LANSING MI 48909-8276

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## NURSERY DEALER LICENSE NEW APPLICATION

In Accordance with Act No. 189, of 1931, as amended

STEP 1: ORGANIZATION INFORMATION								
*Ownership Type: Corporation LLC Partnership Sole Proprietor								
☐ Joint Tenant ☐ Individual								
*Ownership Name:								
**Federal Identification #:								
Email Address:								
*Mailing Address:								
*City:		*State:		*Zip:		Office Use Only		
STEP 2: BUSINESS INFORMATION								
*Business Name:								
*Address:								
*City:		*State:		*Zip:	*Zip:		County:	
STEP 3: CONTACT INFORMATION								
*Primary Contact Name:				*Phone:				
Email:			Address:					
City:	ty: State:		Z	Zip:			Country:	
Additional Contact Name:				Phone:				
Email:				Address:				
City:	State:			Zip:			Country:	
STEP 4: DEALER LICENS	SE TYP	E DETAILS	,					
				Nursery Dealer License \$100.00				
*Dealer License Type (Select One)				Registered Nursery Dealer License \$35.00				
STEP 5: NURSERY DEALE	R LICE	ENSE TYPE FEES	- Make	check/mone	y orders p	ayable to	the State of Michigan	
*Nonrefundable Nursery Dealer License \$100.00 A						ASC Ho	ASC Hot Key (mdard use only): 1342	
*Nonrefundable Registered Nursery Dealer License \$35.00 ASC						ASC Ho	ASC Hot Key (mdard use only): 1403	

By submitting this application and payment I hereby verify and affirm that all information contained in this application is true and accurate

<sup>\*</sup> Please note that all fields marked with an asterisk (\*) are required and must be completed in order to process your license application

<sup>\*\*</sup> Please note Federal Identification Number is not required for individual ownership types